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**\*BIBDATASHEET\***

CONFIRMATION NO. 8613

Bib Data Sheet

SERIAL NUMBER 10/645,980	FILING DATE 08/22/2003  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 020.0336.US.CON
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/789,416 02/20/2001  
 which is a CON of 09/361,332 07/26/1999 PAT 6,221,011

CHZ  
10/16/04

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none CHZ  
10/16/04

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 13	TOTAL CLAIMS 59	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Carl F. Lopez</i>	Initials CHZ		

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## TITLE

System and method for determining a reference baseline of patient information for automated remote patient care

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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